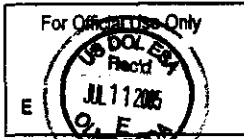


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2601</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>RICHARD</u> <u>S.</u> <u>COWAN</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>	4. Name, file number, and address of labor organization. Name <u>UNITED FOOD &amp; COMMERCIAL WORKERS UNION</u> <u>LOCAL 1442</u> Labor Organization File Number <u>039-918</u> P.O. Box, Building and Room Number, if any: <u>P.O. BOX 1750</u> Street <u>1410 2ND ST., 2ND FLOOR</u> City <u>SANTA MONICA</u> State <u>CA</u> ZIP Code + 4 <u>90406-1750</u>
5. Position in labor organization. <u>SECRETARY/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Richard S. Cowan</u>	On <u>7-1-05</u>	(310) 395-9977
	Date	Telephone Number

Name of Person Filing <b>RICHARD S. COWAN</b>	File Number U- <b>2601</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	<b>11.a. Nature of such dealing.</b>  <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
	<b>11.b. Approximate dollar value of such dealing.</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	<b>12.a. Nature of interest held or income received.</b>  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	<b>12.b. Amount.</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>VIRGINIA VENTURES, LLC</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street <b>3001 TRAVIS POND ROAD</b>  City <b>WILLIAMSBURG</b>  State <b>VA</b> ZIP Code + 4 <b>23185</b>	<b>14.a. Nature of payment.</b>       <div style="text-align: center; padding: 20px;"> <b>JANUARY 6, 2004 DINNER</b> </div>
<b>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</b>	<b>14.b. Amount of payment.</b> <b>\$65.00</b>

Name of Person Filing <b>RICHARD S. COWAN</b>	File Number U- <b>2601</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**8. Name and address of Business (including trade name, if any).**

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

**9. Business deals with:**

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name: \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code + 4: \_\_\_\_\_

**11.a. Nature of such dealing.**

**11.b. Approximate dollar value of such dealing.**

**12.a. Nature of interest held or income received.**

**12.b. Amount.**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**

Name: **THE MARCO CONSULTING GROUP**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any: \_\_\_\_\_

Street: **550 W. WASHINGTON BLVD.**

City: **CHICAGO**

State: **IL** ZIP Code + 4: **60661**

**14.a. Nature of payment.**

**MARCH 11, 2004 LUNCH**

**13.b. Is the Business an Employer** ☒ **or Consultant** ☐ **?**

**14.b. Amount of payment.**

**\$30.00**

Name of Person Filing RICHARD S. COWAN

File Number U- 2601

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PUTNAM INVESTMENTS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street INVESTORS WAY

City NORWOOD

State MA

ZIP Code + 4 02062

9. Business deals with:

a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. UFCW &amp; DRUG EMPLOYERS PENSION FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 27920

Street 2220 HYPERION AVE.

City LOS ANGELES

State CA

ZIP Code + 4 90027-0920

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing.

\$328,751.00

12.a. Nature of interest held or income received.

OCTOBER 7, 2004 - DINNER

12.b. Amount.

\$55.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	RICHARD S. COWAN	File Number U- 2601
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b>  Name : _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b>  _____  <b>11.b. Approximate dollar value of such dealing.</b>  _____  <b>12.a. Nature of interest held or income received.</b>  _____  <b>12.b. Amount.</b>  _____

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name : FRED ALGER MANAGEMENT INC.  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street 111 FIFTH AVE.  City NEW YORK  State NY ZIP Code + 4 10003	<b>14.a. Nature of payment.</b>  _____  NOVEMBER 3, 2004 LUNCH  _____  <b>14.b. Amount of payment.</b>  \$30.00
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

Name of Person Filing

RICHARD S. COWAN

File Number U-

2601

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PIMCO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 840 NEWPORT CENTER DRIVE S-100

City NEWPORT BEACH

State CA

ZIP Code + 4 92660

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name S.C. UNITED FOOD & COMMERCIAL WORKERS  
UNIONS AND FOOD EMPLOYERS JOINT TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. BOX 6010

Street 6425 KATELLA AVE.

City CYPRESS

State CA

ZIP Code + 4 90630-0010

11.a. Nature of such dealing.

INVESTMENT MANAGER FOR PENSION FUND

11.b. Approximate dollar value of such dealing. \$1,589,156.00

12.a. Nature of interest held or income received.

DECEMBER 15, 2004 DINNER

12.b. Amount.

\$60.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	RICHARD S. COWAN	File Number U-	2601
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name GROSSLIGHT INSURANCE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1333 WESTWOOD BLVD. S-200

City LOS ANGELES

State CA

ZIP Code + 4 90024

14.a. Nature of payment.

MAY 13, 2004 GOLF AND LUNCH SPONSOR

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$145.00